



The Common Voice Summer Chorus Camp

2026 Medical Form

Questions or concerns?

Contact: info@lcalowell.org

Student Name: _____

Date of Birth: ___/___/___

Home Address: _____

City: _____ State: ___ Zip: _____

Parent/Guardian Name: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Please complete the following statement.

I, (parent/guardian) _____ hereby certify that, (student) _____ is able to participate, and that there is no objection to their participation in chorus camp, or any of the activities therein contained. Furthermore, in consideration of my student being permitted to participate in The Common Voice Summer Chorus Camp program, I agree, on behalf of my student, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my participants participation in the program. To the maximum extent permitted by law, I release and indemnify Smith Baker Preservation Corporation, DBA Lowell Center for the Arts, the University of Massachusetts Lowell, its Board of Trustees and their officers, employees and agents, and volunteers/employees of The Common Voice Summer Chorus Camp from and against any present or future claim, loss or liability for injury to person or property which I or my student may be liable to any other person, during my / my student's participation in The Common Voice Summer Chorus Camp program - held at the University from Monday, July 6th through Friday July 10th, 2026.

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the directors or the chorus camp staff. A child taken to the hospital will necessitate a parent

or guardian's attendance at the hospital at the earliest possible time. Emergency Care Providers require the following information.

All information provided shall be held in confidence and maintained by the directors and administrative staff.

My / Our Medical Plan is: _____
Medical Plan Number: _____
The Policy Holder is: _____
Employer of Policy Holder (if applicable): _____
Primary Care Doctor: _____
Primary Care Phone: (____)_____
Location of Primary Care Doctor: _____
Does your insurance provider require notification prior to emergency care? Circle One:
Yes / No

Please list ALL of the following:

- Current Medical Conditions
- Current Medications (and for what reason medication is being taken),
- Allergies
- Any physical limitations that would prevent the student/camper from participating fully in The Common Voice Summer Chorus Camp. Please be specific and attach any necessary information.

Is there any information regarding your students emotional, social or mental health that you would like the camp staff to be aware of?

The program may contact you for additional information. Is there anything else for which the camp staff should be made aware, or which may impact your child's camp experience?

Signature of Student/Camper: _____

Date: _____

Signature of Parent / Guardian: _____

Date: _____